

VETERANS & SENIORS COMMITTEE

Of the

Suffolk County Legislature

Minutes

A regular meeting of the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway,

Smithtown, New York, on August 3, 2006.

Members Present:

Legislator Steven H. Stern, Chairman

Legislator Jack Eddington, Vice•Chair

Legislator Cameron Alden

Legislator John M. Kennedy, Jr.

Legislator Elie Mystal

Also In Attendance:

George Nolan, Counsel to the Legislature

Richard K. Baker, Deputy Clerk

Verna Donnan, Budget Review Office

Brendan Chamberlain • County Executive's Office

Holly Rhodes•Teague, Director/Office for the Aging

Gene Pritz • Office for the Aging

Kathy Rosenthal • FECS

Sandy Sullivan • Legislative Director/AME

Claire Proctor

Bryan Proctor

Dennis Krulder

All Other Interested Parties

Minutes Taken By:

Lucia Braaten • Court Stenographer

Minutes Transcribed By:

Kim Castiglione, Legislative Secretary

(The meeting was called to order at 9:15 AM)

CHAIRMAN STERN:

Good morning, Suffolk County Legislators. The meeting on Vets and Seniors will come to order. I'd ask everyone to please rise and join us as Legislator Alden leads us in Pledge of Allegiance.

(Salutation)

I would ask everybody to remain standing and join us in a moment of silence as we remember all of our very brave men and women fighting for us overseas.

(Moment of Silence)

Thank you. Some important information for us to consider this morning •• but what I would like to do first, the first item on the agenda, is to recognize Bryan Proctor. Bryan Proctor, who did just an outstanding job in organizing and participating in a wonderful event called The Distant Memory Swim, which was an effort to raise money for the Alzheimer's Association. I'm going to ask Bryan to come forward, who's joined today by his mom, Claire, and {Maryanne Rignosa} from the Alzheimer's Association. Maybe everybody can come forward.

Before we make the presentation I'm just going to ask Bryan, maybe you can just tell us about the event and the money that you raised and all of the good work that you've done.

MR. PROCTOR:

Well, we started three years ago, and the first year I'd done it myself. Now I've been joined by friends and coworkers from •• that I lifeguard with and first few years we raised around ••

{ MS. RIGNOSA } :

Between three and four.

MR. PROCTOR:

Three and four thousand. This year we actually reached our mark of above \$5,000. So, we raised a little over \$10,000 over the past three years.

CHAIRMAN STERN:

Is it wonderful to see, particularly a younger person in our community, who has taken it upon himself to really provide a wonderful service to his community on such a critical issue facing not just seniors, but their families. And you know firsthand the toll that caring for a loved one who suffers from Alzheimer's Disease can have on the caregiver, on the extended family, and the absolute necessity to continue to raise funds and awareness to battle this terrible disease. So, wonderful job. Congratulations.

(Applause)

MS. RHODES • TEAGUE:

Good morning.

CHAIRMAN STERN:

Good morning.

MS. RHODES • TEAGUE:

I just wanted to speak on two things. I think last time I had spoken briefly about the letters that were going out from EPIC to low income enrollees. We did training last week for about 80 of staff, contractors, those who were working with the seniors on the EPIC •• low income EPIC enrollment process. EPIC did send out 5,000 letters throughout Suffolk County. They were sent out on a staggered basis.

People are •• who get those letters they do have to apply for the Medicare Part D. The way they do that is they would have to provide asset information to EPIC. EPIC would then apply for them. If they do not apply or do not provide that information they will be disenrolled from EPIC. There is quite a process, though, before that happens. I think there's two or three letters before that. They're requested to have counseling, that kind of thing. So, they really don't want people to be disenrolled from EPIC. They'd really like them to at least look at the Medicare Part D. So that is what's happening now.

I have to say, our phones are not ringing about it, so those 5,000 people out there, I'm not quite sure what's going on with them. They've all received the letters, but we are not hearing from them. But if your offices hear from any of those individuals and they are not sure what to do, please refer them to our office and we will assist them in the best way we can. So, I just wanted to get that word out that that's happening. And they are in jeopardy of losing EPIC if they don't at least supply the information to EPIC on their assets. So they could be •• so the application could go forward with Medicare Part D.

CHAIRMAN STERN:

Holly, they received •• the 5,000 received one letter from your department?

MS. RHODES • TEAGUE:

No, they don't receive letters from us. They receive the letters from New York State.

CHAIRMAN STERN:

So they are all coming from New York State.

MS. RHODES • TEAGUE:

All the letters come from New York State. You know, they're encouraged to go for counseling or to call the EPIC hotline. They also •• the letters are fairly straightforward, but they do have to apply. They don't have to accept the Part D. If the application goes forward and EPIC will put them into a plan, you know, or •• after they apply, if they go into Medicare Part D, EPIC

will put them into a plan with some kind of smart program that will look at the drugs that they took or that they are taking and what's best for them. So it's not as if they're going to go into a plan blind like they did with the enrollees on a federal level. They don't have to accept it. After they're approved they could say no, I still want to stay with EPIC only, but they'll lose their subsidies for the EPIC, then, at that point.

So it's •• you know, they probably will save money if they apply for the Part D, you know, keep EPIC and Part D. But at this point I don't know what's happening with those 5,000. Like I said, our phones are not ringing off the hook for it. So we'll see what happens.

CHAIRMAN STERN:

The only way they're notified is through those letters? Is there any other effort made out in the community to raise awareness?

MS. RHODES • TEAGUE:

EPIC actually has •• they're doing •• they do the first letter, then they have a first notice, a second notice, and then a third notice. The third notice will tell them there's a 60 day cancellation period, you know, that they are going to be cancelled. But they are doing extensive letters, and I believe they are going to actually make phone calls if they have to from EPIC. So I think the point is that they really don't want to have people just terminated, I think they'd like people to go through the process.

CHAIRMAN STERN:

Legislator Mystal.

LEG. MYSTAL:

One question. You said that if they apply for Part B •• Part D they don't have to accept it, they can always remain but ••

MS. RHODES•TEAGUE:

It's a very odd •• yes, that's correct.

LEG. MYSTAL:

The question is, do they know that? Because I think maybe the reason why you are not receiving a lot of phone calls is that people don't even want to deal with Part D, and they figured they are in EPIC and let's go and stay in EPIC. They don't know that they have to apply to ••

MS. RHODES•TEAGUE:

The letters tell them that they, you know, they have to apply, but they don't have to accept.

LEG. MYSTAL:

The letter said that.

MS. RHODES•TEAGUE:

Yes.

LEG. MYSTAL:

I'm a political person here. I receive them all the time and I read maybe one •fourth of them and I just junk the rest, you know, and then maybe read the first paragraph.

MS. RHODES•TEAGUE:

I'm not going to disagree with that.

LEG. MYSTAL:

I don't think any •• people may not be reading this stuff, you know, and understanding ••

MS. RHODES•TEAGUE:

Well, that's why if you get anybody who has questions •• I mean, if they get something and they go I don't know what this letter is ••

LEG. MYSTAL:

I have gotten no phone calls.

MS. RHODES•TEAGUE:

We haven't either. I'm just trying to get the word out that if anybody hears anything ••

LEG. MYSTAL:

I haven't gotten any phone calls and I have a lot of seniors in my district.

MS. RHODES•TEAGUE:

It's the low income EPIC enrollees that are affected right now and there's 5,000 in Suffolk County.

LEG. MYSTAL:

Are you talking in my district? And I haven't gotten one phone call.

MS. RHODES•TEAGUE:

I'm at a loss, too. I think at this point •• I mean, EPIC is supposed to be doing extensive follow•up on this, so. It's a State •• the State program.

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Thank you. When you say low income, what's the income criteria associated with it, Holly?

LEG. ALDEN:

Don't worry about it. Nobody in your district qualifies.

LEG. KENNEDY:

Yeah, I know. They're all under water. Thank you. No, if you're talking about a senior citizen who's just on straight Social Security without any kind of pension benefits and maybe in senior housing, we do have some of that in Smithtown.

MS. RHODES•TEAGUE:

You know what, I have to look at what the income is on that because I really don't have that in front of me right now.

LEG. KENNEDY:

Twenty•five thousand? Thirty thousand?

MS. RHODES • TEAGUE:

No, it's less than that. It's less than that. I want to say it is around 14, but I can't swear to it.

LEG. ALDEN:

Do you have anybody that qualifies?

MS. RHODES • TEAGUE:

I believe it is around \$14,000.

LEG. KENNEDY:

Okay.

LEG. MYSTAL:

They couldn't afford a garage in your district.

LEG. ALDEN:

It's only in my district.

LEG. KENNEDY:

What can I tell you. Thank you.

MS. RHODES•TEAGUE:

All right. So I just wanted to get the word on that. If you hear anybody, refer them to our office. We'll do the best we can with them. It's really incumbent on EPIC to get the word out to them. We're just going to try to help facilitate. We do have the HIICAP volunteers who could do some one on one counseling with people, too, if people really have questions, along with our office.

The other thing I'd like to just talk about is that I know today you're going to be looking at the capital project for vehicles. I know those who have been around for a long time realize that the relationship between them is that we need vehicles to do the Nutrition Program. We can't do the Nutrition Program without the vehicles and we do replace vehicles on a somewhat scheduled basis. We look at the ones that are in the worse shape because we get the reports back from the County contractors, our towns, and our non•profits.

So we are asking that the money be released from the capital project so we can go ahead and replace vehicles. And we're replacing five •• we would like to purchase five small Center Isle transit buses, one large transit bus, and also I believe there's three •• three small minivans to bring •• home deliver meals out. So, if you would •• thanks for the consideration on that.

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

Holly, just •• can you go into a little bit more depth on •• when we get the vehicles in, we actually •• not that we give them out, but we ••

MS. RHODES • TEAGUE:

Well, the vehicles •• we purchase the vehicles on the capital through the State bid. The vehicles then come into the County. The paperwork is processed, we do the contracts, and then the contracts go to the non•profits or the towns. They sign•off, and when all the paperwork at DPW •• and the contract, everything is together, they actually come pick up the vehicle and take it away.

LEG. ALDEN:

Now, under our contract with them, they're required to do the PM, preventive maintenance, and scheduled maintenance and all that?

MS. RHODES • TEAGUE:

They are required to take care of all, you know, the gas, the maintenance, the insurance, the drivers. We don't do any of that.

LEG. ALDEN:

So what do we find and how long do these vehicles last?

MS. RHODES • TEAGUE:

It depends. We've started to switch over. We used to buy those 15 passenger minivans, basically because, you know, you could get a lot more of them. But because a few years back there was a problem with rollover that we had heard about, so we decided to stop doing that. We are going to the small transit buses. The small transit buses, I believe, will last longer because they are really made for more commercial use, but we only started buying those about a year or two ago, so I don't know what that is going to be. Some of the vehicles are on board now for, you know, eight and ten years. It depends on the mileage.

LEG. ALDEN:

The small transits, we use the •• and we did, I guess, a little bit more than was called for even on the manuals, but we could get 150,000 miles out of, you know, the transit buses.

MS. RHODES • TEAGUE:

Like I said, we just started purchasing those, so I don't know how they are going to •• you know, we've never •• I don't have any experience with those yet.

LEG. ALDEN:

Even the vans. And we had •• like back in the early 60's we had about maybe 200 of the Ford Conolines and they fell over. Like we had some drivers that you'd come to a stop sign, if they stopped too quickly and turned

the wheel a little bit you could get those things to just lay right over. But we could actually get about 120,000 miles out of them with, you know, a little bit extra, you know, oil changes and that type of thing. So we're relying on a town or a not-for-profit to have a garage and a maintenance schedule and things like that.

MS. RHODES•TEAGUE:

You know, looking at the vehicles, I mean, we really are all over the map on them. One town is replacing a vehicles that is from 1989. It has got 226,000 miles.

LEG. ALDEN:

Good. That's good.

MS. RHODES•TEAGUE:

You've got another one, Catholic Charities, 73,000 miles, a '93.

LEG. ALDEN:

That's low.

MS. RHODES•TEAGUE:

We have a '98 that has 110,000. 123,000 miles on a '95. I mean, so they're •• you know, sometimes you get lemons, too, so they may not have as many

miles as the vehicle is just costing so much in repairs that, you know •• and they'll make that argument to us when they've got a problem vehicle. But we really •• they try to keep it going as long as they can.

LEG. ALDEN:

Would it be possible for you to get me the agreement between the town and County? Because I want to see what they're required to do as far as maintenance.

MS. RHODES•TEAGUE:

I don't think we have a specific thing on maintenance. They are just required to, you know, maintain and keep. And the leases, I believe, are for •• I think they're ongoing until they either fall apart or ten years or whatever but •• yeah, I'll get that for you. That's not a problem.

LEG. ALDEN:

Because we might be able to make a little bit more of a uniform, you know, push to try to get that 125, 130,000 or 150,000 out of each vehicle if we require them to do the maintenance. Because that's really where it goes.

MS. RHODES•TEAGUE:

You know, I mean, honestly I could give you what we're using to replace vehicles, too. I mean, I don't think we •• right now I've got 137, 111, 123, 110, 81, 73, 116, and 226. So you're not •• and that was when we did the, you know, did the sheet. There is one that's 27,000 miles, but it's a 1987.

It's on Shelter Island. They don't do any miles, you know, but the vehicle is probably rusting out before it's going to get the miles on it. So I don't think we're unreasonable on what we're asking for on this. But certainly I'll get you ••

LEG. ALDEN:

Oh, no, no. I don't think it's unreasonable, but ••

MS. RHODES • TEAGUE:

But I'll get you the agreement. That's fine.

LEG. ALDEN:

Good. Thanks.

MS. RHODES • TEAGUE:

Any other questions?

LEG. KENNEDY:

Yeah, through the Chair. Do we ultimately retain ownership on them, though, Holly? You talk about an agreement.

MS. RHODES • TEAGUE:

Yes, we do. We do. It's titled to us.

LEG. KENNEDY:

Okay. So does that lease or license agreement, the operators indemnify us and hold us harmless?

MS. RHODES • TEAGUE:

We have all sorts of •• yeah, we have the all the legalese in there as to what they have to do with that. They have to have the insurance.

LEG. KENNEDY:

But in the, you know, God forbid, in the event we get something like Legislator Alden was talking about, a rollover or some situation like that, we're not in the chain of liability.

MS. RHODES • TEAGUE:

I don't believe so. I'll look back into that but I don't believe that's an issue for us. I think we've already taken care of the insurance. They all have to have the insurance to whatever the County requires.

LEG. KENNEDY:

I understand that. But I mean it's also above and beyond that if we're indemnified and held harmless then we don't have any liability in the chain. But I guess that's the question that I have to you. When you look at the license or lease agreement for Legislator Alden, I'd be equally curious if you could even send me a copy. I'll just look it over to see whether or not that's in place.

MS. RHODES • TEAGUE:

Okay.

LEG. KENNEDY:

Thanks. Smithtown •• I know Smithtown has got a couple that are aging out. I was up there at the Senior Center I guess a week or two ago, and they have a couple of units where the wheel wells are just literally rotting out of them. Do we have any on the list?

MS. RHODES • TEAGUE:

They are not on this list. Also, just so you know, a lot of the vehicles that we have are not •• they're not the only vehicles the towns have. Some of them get vehicles from other places. Smithtown used to get a number of them through the federal government along with whatever we would give them. There's also a number of towns who get them through the State from different •• from different Legislators. So, you know, our vehicles are not the only vehicles that are out there. Just, you know, remember there's many more vehicles than what we have actually purchased out there. We have approximately 60 vehicles that are on, you know, our list of •• of nutrition

vehicles.

LEG. KENNEDY:

Thank you.

CHAIRMAN STERN:

Okay. Thank you.

MS. RHODES • TEAGUE:

Thank you.

CHAIRMAN STERN:

Kathy? Good morning, Evelyn. Good morning, Kathy. Thanks so much for being here. Before we begin, maybe you can both introduce yourselves and put on the record ••

MS. ROTH:

Hi. I'm Evelyn Roth. It's been a long time since I've been here, but it's a pleasure to be here this morning.

MS. ROSENTHAL:

And I'm Kathy Rosenthal with FECS, Vice President of Long Island Regional Operations.

LEG. ALDEN.

The microphone might not be on. It's up a little higher.

MS. ROTH:

Got it.

CHAIRMAN STERN:

Good morning, welcome.

MS. ROTH:

Thank you. I'm here to talk about NORCs, and when I use that term most people look at me and say what?

LEG. MYSTAL:

Yeah, what?

MS. ROTH:

I had that experience with Steve a couple of weeks ago and we had a long discussion and hence the invitation to come here this morning. NORC, N•O•R•C, is a demographic designation and it stands for Naturally Occurring Retirement Community. And it's a term that was sort of invented in 1980. And at that time it was meant to describe neighborhoods that had been built for young families, but that over the years had come to have more than 50% of its population of people age 65 and over who remained in the community and many of whom wished to remain in the community.

Since that time the NORC supported services program, which is sort of a unique way of delivering services and building or sort of reshaping the community so that these folks could remain in their homes, began to be organized. The first one was in the Penn South housing in New York City, which was originally union built housing for younger workers. And since that time there were some 27 NORC supportive services programs that were created in •• mainly in the City of New York in large housing complexes. And the housing entity, like Co•op City or Rochdale Village or {War Bass} in Brooklyn, became the key partner in establishing this service program.

Several years ago, and now these programs would bring together many of the organizations within the community in addition to government and local business and social service providers and volunteers, and survey the needs of the residents in the community, and certainly in the City of New York the needs are a little bit different than they are in our suburban communities, and put together a strategy for providing services to people so that they could stay in their homes, if they wished, and they wouldn't have to go into nursing homes or other kinds of residential facilities for people who were aging.

Several years ago we suburban folks looked at this model and said we have

areas in the suburbs that have the same •• where people have the same needs, large communities where people are aging in place need services to be able to remain in their homes. Why can't we fashion like a suburban model or a neighborhood model NORC program that don't rely on this high rise housing entity.

At the time I was retiring from FECS and Kathy Rosenthal is now the •• as you heard, she is the Vice President in charge of Long Island Services for FECS. And we decided that we would like to try and establish a NORC on Long Island. And what we thought was that a unit of local government might make the ideal substitute for the housing entity, that work with a unit of local government to identify an area that met the criteria, and by this time there was State legislation in place and you all have a copy of the State legislation that established the original NORCs and the new neighborhood NORCs. And, of course, Steve Englebright, whom you all know, was instrumental in helping us get this assistance from the State.

And so we identified the Town of North Hempstead, a community within the Town of North Hempstead, the North New Hyde Park area, that met the demographic •• and there aren't rigid requirements, but the demographics in the State legislation I think you'll see are a community where 40% or more of the residents are age 60 or over. And I know that all of you have communities like that within your districts. I'm pretty sure you do. And the North Hempstead model has been working now since February. Kathy will tell you more about it. And it's working reasonably well.

They survey •• the first thing they did was survey the people in the community to find out the kinds of needs that they had. And it won't surprise you to know that in order to be able to remain in their own homes as people grow older, things like lawn mowing, like snowplowing, like household repairs •• even sometimes changing a light bulb becomes a major obstacle.

Shopping, carrying packages, getting to medical appointments. All these types of services, that if they were available to people, they could stay in their familiar homes and neighborhoods.

And so we went around and we asked people what it was that they needed. We did a survey in person and by mail.

The people in the town went to large gatherings that they had in the parks and surveyed lots of people and then they surveyed all the available resources within the town, including the resources of the town itself and the town provides transportation services, they provide recreational services. FECS provides social services. There are other social service organizations within the community that provide things like case management. And so slowly but surely this program came together.

One of the keys to the program is the involvement of the community, volunteers from the community who agree to serve on a steering committee or advisory council, what have you, and they get together on a regular basis. And if you could sit with the group in North Hempstead and hear these people talk about what this program means to them and how before this program came along they •• there was one woman whose husband is very frail and she was at the point where she was having difficulty maintaining the home and caring for him. She said I was •• I really thought I was going to have to sell my home and I love my home and I don't want to leave and I have my neighbors and I have my card games and I have my recreational activities, but there was no way I could do it. And then this program came along and it's just made the complete difference my life. And you hear stories like this over and over again.

The North Hempstead NORC, which is called Project Independence, and about which you have information in front of you, is the first of its kind on Long

Island. Kathy is now talking with the Town of Huntington about establishing the first NORC model in Suffolk County. And I hope you're all going to be really fascinated with this idea and read all the information and all demand to have a NORC in your district. And we can talk a lot more about how to do that. But I'll turn it over to Kathy.

MS. ROSENTHAL:

I guess just to sort of echo and amplify a little bit of what Evelyn was saying, the key marks •• the hallmarks of a NORC supportive services program include, first of all, not duplicating or replicating existing services, but rather mobilizing a community. FECS sometimes has the ability, because it's a large not•for•profit human services agency, to deliver all sorts of services, but in this case we've brought in many partners. North Shore LIJ Health Systems is a health partner.

We have two nurses now on the project in North Hempstead that are community health nurses. They're doing screenings and assessments and they're monitoring people's health. People with diabetes, making sure that they're monitoring their own health and taking the medications properly and that there aren't, you know, scary things going on in the home. And we find a lot of that going on.

So that's one of the major hallmarks and in the project in Nassau County in the Town of North Hempstead we have {JASA} involved doing intensive case management. We have Family and Children's Association, which is the County subcontracted agency in this catchment area to provide EISEP services. We have Visiting Nurse Association doing Meals on Wheels.

The second hallmark is that it's not a crisis model, but rather a prevention and safety net and it's not just about Social Services, it's about recreation and reducing isolation, involving seniors in everything from governance to volunteerism to helping us set the priorities and determine the strategies to run the program and evaluate it on an ongoing basis. So those are the key hallmarks of a NORC supportive services program.

And I think that the changing demographics here on Long Island compel us to do lots of different things, look at different creative strategies for helping people ideally to live in their homes as long as they can, as safely as they can. And there is certainly plenty of communities on Long Island that will warrant this sort of response.

We're also working with Holly on the new •• there's a new RFP from the State that just came out. It's through the Office of the Aging. We're going to •• we applied successfully last year for the Town of North Hempstead, got \$144,000 to do the Town of North Hempstead project, which is also supported by local Legislators. Senator Michael Balboni and Tom DiNapoli both contributed funds to the North Hempstead project, and we're now going to respond to the State Office for the Aging for the Town of Huntington in your catchment area, and to do this NORC supportive services program very much in partnership with the Town of Huntington and sort of modeling it after what we've done with the Town of North Hempstead. We're very excited about it.

MS. ROTH:

I think that you should know that at the Federal level the reauthorization of the Older Americans Act, it hasn't been reauthorized yet, but it's up for reauthorization and it does contain funding ••

MS. ROSENTHAL:

It actually has been authorized.

MS. ROTH:

With funding?

MS. ROSENTHAL:

Through •• the Senate has reauthorized it, but I think it still has to go through ••

MS. ROTH:

Yeah, it hasn't passed the House. And it does include funding although they haven't specified the amount yet for a NORC model program. It would be wonderful if Suffolk County, when that becomes available, would apply for it.

CHAIRMAN STERN:

Kathy, maybe you could take us through, very briefly, how the program is progressing and how ultimately that might look in partner with the Town of Huntington.

MS. ROSENTHAL:

Sure. As I said, there are multiple partners involved. The first step, as Evelyn said, was really surveying the residents. That's a twofold sort of impact. Number one, you do a lot of outreach and you do a lot of community awareness. But you're also literally going to the residents themselves and saying, you know, how many times do you see a doctor, do you have relatives living in the area, do you have people to support you. What are your needs, skills, interests, abilities. How would you like to be involved in this sort of thing. So it's like a three page survey that enables us to get a snapshot of what the major needs are of the community residents themselves. So that's sort of step one.

We were able to bring on a 28 hour social worker who is in the homes doing assessments, information and referral, doing a lot of connections and linkages to case management services, bringing in the nurse to do a health assessment. And then as Evelyn said, the town contributes a lot, too, in the way of senior transportation, in the way of recreational and social activities, and that all sort of folds in to this, you know, multipoint project.

And then involving the residents themselves. We have an advisory committee now that has 30 people on it, residents themselves. They help us set priorities, they're helping us do a newsletter, they're helping us do a resource guide for the community for home repair. So they are giving recommendations of roofers or electricians or, you know, people that feel as residents, older residents, have not been taken advantage of, that the contractors have been helpful to them and respectful of them. So they are putting together a resource guide of recommended people that can do home repairs.

So those are sort of some of the key projects that we've been working on in identifying the key needs; health, home repair, home maintenance,

transportation. We actually were very lucky that North Shore LIJ Health Systems got a grant from a local family foundation that's now contributing to add health hours, community health nurse hours, and also a pot of funds for transportation to get people to and from medical appointments, because that's one of the biggest barriers, is access to care and access to medical care in particular. So, those are some of the key things that we've been working on.

It's been a wonderful experience because I think it's one of the first times that I know FEGS has worked so close and closely and collaboratively with other agencies, other multi-service agencies that sometimes are seen, you know, competitively and we're really working together because it just makes sense to do that. There's lots to be done.

MS. ROTH:

It really •• it really takes a year until you can get a program off the ground, a year of organizing, surveying, looking at needs, gathering your volunteers together, doing your outreach to the community. It was interesting, I was listening to Holly's presentation about EISEP, and if there were NORCs throughout Suffolk County, there would be outreach from the Office for the Aging through the NORCs into the community and people would become educated about all the services that are available to them. This is one of the things that the NORC does through its newsletters, its advisory committee, its community meetings.

MS. ROSENTHAL:

That's actually, just to interrupt, sorry, Ev. One of the things that, you know, I was thinking, too, when Holly was talking about the EPIC and Medicare Part D is one of the things that we are going to be doing a lot of is community

education, workshops that are meaningful and important to the seniors that will bring them into the program and help educate them and give them the information that they need. So it's not just a letter that arrives in the mail that's confusing to them, but something that you one on one can sit with in a room and explain changes that are affecting them. Sorry.

CHAIRMAN STERN:

Legislator Mystal.

LEG. MYSTAL:

Good morning, Evelyn. How are you?

MS. ROTH:

Hi, Elie. Good.

LEG. MYSTAL:

Good morning, Kathy. I'm listening to you. I happen to live in a senior community in a condo development. What I'm finding out, they don't need the help of, for example, maintenance, because that's getting done. But I have become sort of the •• you know, because I'm one of the younger people who live community, is that a lot of time it is simple thing, not just the maintenance, which is done by the condo unit, but dry cleaning, for example. Like, you know, I'm going to do dry cleaning. They see me taking my clothes •• oh, Elie, are you going to the dry cleaner? Yes. Could you pick up mine for me, and I know what it means. And it becomes a thing now

where I just go around and instead of them asking me. I just go around and say I am going to the cleaners, who has clothes in the cleaner, who wants to put clothes in.

But I don't know if NORC is addressing that part of it, the people who live in condo unit or in rental unit, because you guys are talking about people living in homes. We have a lot of needs and people that rent, though, they're in a condo unit or in rental units, they still need some of the supportive services.

MS. ROTH:

The NORC, Elie, is by definition this naturally occurring retirement community. So if your condo or rental unit was a place that was originally built or established for younger families and the people there had aged in place, that's really what the NORC program addresses.

LEG. MYSTAL:

See, but that's what I'm asking, because what's happening, especially in the Town of Babylon, everything that is being built is being built for seniors.

MS. ROSENTHAL:

Yeah. Those don't fit the defined criteria.

LEG. MYSTAL:

And they are coming in from, you know, either the Town of Babylon or from

other places and coming in and living in those •• in the past three years they have opened six different condo unit for seniors.

MS. ROTH:

Right.

LEG. MYSTAL:

And all of them are occupied by seniors in 55 and over, that's the criteria that they have. And they need, you know, I don't know what, you know, they're not naturally occurring like you said, but they're really naturally occurring because they're saying in the community. They're here.

MS. ROTH:

So you need a different sort of model program and we can talk about figuring one out.

MS. ROSENTHAL:

In the State definition defined by the Legislative, you know, the bill that funded these programs, it's naturally occurring, meaning not communities or complexes that were developed for 55 and over. Those unfortunately don't fit because there are many needs in those communities.

MS. ROTH:

This is really our bible for NORC and there are a couple of copies around. It's a report put out by the United Hospital Fund on the history and development of the NORCs within the City of New York. They really don't go beyond •• they don't get into what we've been doing in the last couple of years. But it's a very good write•up about the programs, why they were established and exactly how they work and what they do and how they're really unique.

MS. ROSENTHAL:

And we modeled, the neighborhood NORCs came after this was published, but we really •• the wonderful thing, too, is we didn't reinvent the wheel. We took a lot of what had been done for 20 •• almost 20 years in the City of New York primarily and in some regions Upstate New York, and really used that model and built on it and tailored it to a suburban community, which in some ways is even more compelling in terms of need because you have transportation issues, isolation issues, home and repair maintenance issues that don't exist in the city NORC programs.

CHAIRMAN STERN:

All right. Very good. You know, we talk all the time at all levels of government about how very important it is to keep our seniors here on Long Island and keep them living within the community. It sounds like so many of the services that could be provided are a lot of those services provided in say an assisted living facility, and we've certainly seen a proliferation of those kind of facilities in our area. Of course when they range in cost from \$2,500 a month to \$7,000 a month, the average middle class Long Island Suffolk County senior citizen can't afford to be there for too long.

And working with seniors and their families, I have yet to hear a senior say that they'd rather be in an assisted living facility than in their own home, so this is critically important. It's something that we should work on into the future. Thank you so much for being here today. I appreciate it.

MS. ROSENTHAL:

Thank you for inviting us.

MS. ROTH:

Thank you.

CHAIRMAN STERN:

Dennis. Good morning.

MR. KRULDER:

Good morning.

CHAIRMAN STERN:

If you could just introduce yourself for the record.

MR. KRULDER:

Yes. Ladies and Gentlemen, let me introduce myself. My name is Dennis L. Krulder. I was born and raised on Long Island. I entered the United States Army in 1967 and proudly served with the Black Knights in the U.S. CAV in Vietnam and was honorably discharged from the United States Army in 1969. I am a member of the Disabled American Veterans Chapter 190 serving disabled American veterans. I have served at Chapter and department levels.

In 2004 I transferred into the reactivated DAV Chapter No. 125 where I became its Adjutant and Treasurer. I continue to serve to this day. In 2005 I became the State Commander of the New York State Disabled American Veterans, which I served honorably, enthusiastically, and committed to my fellow disabled veterans from June 2005 to June 2006. I served as the State Executive Committee of the 1st District and have chaired numerous committees on the department level.

I am currently the Executive Director of Veterans Affairs Voluntary Services at New York State Volunteers Hospital Service Coordinator. I also am the Hospital Service Coordinator for the Disabled American Veterans at the Northport VA Medical Center where I manage over 90 drivers who log 450,000 miles a year and transport about 25,000 veteran patients a year to their regularly scheduled and non-scheduled medical appointments. I am also the Vice President of the Calverton National Cemetery Committee.

The mission of the DAV is to build better lives for America's Disabled Veterans, and with the much needed assistance of Suffolk County, along with the help from Vietnam Veterans of America and other various veterans service organizations, we should be able to make a long overdue needed full

service east end clinic a reality.

Travel benefits cut and left many veterans with no way to get to the Department of Veterans Affairs medical facilities for needed treatment. They're men and woman who answered our country's call in times of war. Many lost limbs, sight, hearing, good health. They may live distances from the VA hospital and so many exist on small and fixed incomes, finding the cost of transportation to a VA hospital is just too high. They're left with two choices. They could go without the treatment they need or skimp on food or other necessities to pay for transportation. Veterans disabled in our nation's service should never face such dire options.

The DAV responds •• responded by setting up a transportation network with fully staffed various veterans service organizations and non•veteran volunteers who drive the veteran patients to and from VA facilities and clinics using vans donated by the Disabled American Veterans. All DAV van drivers are volunteers and do not receive payment for their services they provide. The DAV Transportation Network of Nassau and Suffolk County logs around 450,000 miles a year and transports 25,000 veteran patients a year. But even with our help and our transportation system we have in place, many veterans are being overlooked and not receiving their much needed medical care.

The DOD did a study and found that 30 percent of active duty military personnel suffer from PTSD. These people are not statistics, but our sons, daughters and neighbors who are given •• going to be placed back into society. To ensure these veterans receive the necessary medical care that they will require so we can live productive and happy lives, we need to have access to good medical care. The DOD did another study and found that more than •• more military person are receiving catastrophic injuries than in the past wars. These again •• veterans again will be needing much needed

and rightly deserved medical care. It is time for Suffolk County to open a full service medical clinic on the east end to better serve the 120 plus •• 120,000 plus veterans.

Here are some key points I would like to call your attention to. Distant veterans travel to get to the clinic. The medical center has been requested of the County for a rent free clinic space in Riverhead. The new clinic would allow the VA Medical Center to reach an underserved population and consolidate its east end medical health operation with a new primary care service and more medically appropriate environment. As with other Northport VA medical community based outpatient clinics criteria, distance, frequency and appointments, assignment and other VA specialty clinics •• clinic capacity would be established to determine the appropriate assignment of patients to a new clinic.

The medical center has notified the County that the clinic space required is approximately 4,000 square feet, having an interior configuration that ensures care delivered in an environment consistent with standards set by the Joint Commission of Accreditation of Health Care Organizations, other health care certification and titles that meet Americans with Disabilities Act access standards. An example, we informed the County that the clinic would involve and include approximately ten exam rooms, equipment, with sinks, offices and supply storage area and waiting room. Parking space including some handicapped spots will be necessary to accommodate the patients and clinic staff.

What is the cost to the County? Northport VA Medical Center has asked Suffolk County to provide cost free space, utilities, cleaning and maintenance as Nassau County has done in a partnership with the VA veterans residents since January of 1996. Moreover, if the space identified by the County needs renovation or any kind of VA anticipated Suffolk funding of the project.

This is a very important benefit to the County. Providing the VA with a clinic on the east end, Suffolk County would expand access to its 120,000 plus veterans residents first rate health care services. What's more, by providing the clinic, the County would be assisting those veterans, many who are elderly, who because of the distance to Northport, associated travel hardships, or the cost of private care don't avail themselves to the necessary health treatment.

In closing, let me quote George Washington. "The willingness of which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veteran of earlier wars were treated and appreciated by their nation."

This war on terror is a war that will not be won in one or two years. This is a war that America and it's allies will fight for many years to come. This will also be a costly war in terms of men and women sacrificing their health to make the world a safe one. We cannot forget our veterans.

CHAIRMAN STERN:

Thank you. Legislator Mystal.

LEG. MYSTAL:

Good morning, Dennis.

MR. KRULDER:

Good morning.

LEG. MYSTAL:

I'm trying to understand exactly what you are asking the County to do. We have health centers, but you are not asking us to open a health clinic, you are asking us to open a clinic strictly for DAV?

MR. KRULDER:

No, strictly for veterans.

LEG. MYSTAL:

Strictly for veterans.

MR. KRULDER:

Strictly for veterans.

LEG. MYSTAL:

And as such, the Department of Defense is not going to fund this.

MR. KRULDER:

No, no. It will be funded •• it will be funded by •• we would provide •• the VA would provide the medical staff and all equipment, which is •• we already have Congressman Bishop's commitment that the money is in the pipeline for the equipment that we would need for the clinic. What we need from the County ••

LEG. MYSTAL:

Is the space.

MR. KRULDER:

Is the space. And what we're asking the County to do is to provide us the space that Nassau County does and has for the last ten years rent free.

LEG. MYSTAL:

Okay.

MR. KRULDER:

They maintain it.

LEG. MYSTAL:

Okay. So that would be the cost to the County to •• the cost would be ••

MR. KRULDER:

That would be the cost to the County.

LEG. MYSTAL:

The cost would be whatever it is either to build or to lease ••

MR. KRULDER:

Not to build.

LEG. MYSTAL:

•• a 4,000 square feet area and then to maintain it with, I guess, all maintenance, electricity ••

MR. KRULDER:

Yes.

LEG. MYSTAL:

Cleaning.

MR. KRULDER:

Yes.

LEG. MYSTAL:

That's what you are asking.

MR. KRULDER:

Yes.

LEG. MYSTAL:

Okay.

MR. KRULDER:

See, presently right now, in order for me to service anyone who lives •• I run the DAV transportation at Northport VA. In order for me to serve the east end of Long Island, the veteran first has to get to Riverhead in order for me to bring him into the hospital. Okay? If we were able to place a clinic in Riverhead, my drivers instead of driving into Northport, could drive out to Montauk, or out to Shelter Island, places out there, and bring the veteran

into the clinic in Riverhead.

LEG. MYSTAL:

Now, I think I heard some data from you as to how many veterans you have out there in the east end.

MR. KRULDER:

Well, Suffolk •• believe it or not, Nassau •• without any military facilities on Long Island other than a small air force, national air folk, has the largest contingency of veterans of any counties in the United States, by far.

LEG. MYSTAL:

What •• no. I'm trying to find out what ••

MR. KRULDER:

We have 120,000 veterans that live in Suffolk County.

LEG. MYSTAL:

That live in Suffolk County. But I'm talking about how many veterans in the east end do you think would avail themselves to that service? Do you have any data on that, you know, like, 20,000?

MR. KRULDER:

We presently •• in Patchogue we presently service 10,000 veterans.

LEG. MYSTAL:

In Patchogue.

MR. KRULDER:

We have no •• we have no idea at this present time, and I'm speaking as a Vietnam Veteran, okay, how many Vietnam Veterans live in Suffolk County who have never, ever registered with the VA.

LEG. MYSTAL:

Okay. So, at present you don't have any data in terms of if we were to open this clinic in Riverhead how many people from Riverhead, you know, to Montauk •• we don't have any data as to how many people we're talking about.

MR. KRULDER:

My estimation would be at least 20,000.

LEG. MYSTAL:

Okay. That's the 20,000 people that will avail themselves to that kind of ••
to ••

MR. KRULDER:

And then some.

LEG. MYSTAL:

To that program that you're talking about.

MR. KRULDER:

Yes, sir.

LEG. MYSTAL:

Okay. Thank you.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

I'm not a member of this committee, so I want to thank the Chairman for giving me an opportunity to speak and ask some questions. First of all, I know only too well •• I represent the First Legislative District, which is Eastern Brookhaven and the North Fork and Shelter Island. And I know only too well the difficulty of disabled veterans.

I live in Center Moriches. Around the block from me lives my father. In the battle in Perilu in October of 1944 he was severely wounded in grenade attacks by the Japanese and had his eardrums blown out, he is deaf to this day, and his body covered with shrapnel. He gets on the bus for the VA hospital at seven o'clock in the morning for treatment. He's 90 years old and he knows he has to get his treatment done in the morning because the bus leaves at one o'clock sharp.

MR. KRULDER:

Yes.

LEG. ROMAINE:

I can only imagine about what happens to veterans that live in Greenport or Montauk or Springs or Shelter Island or Cutchogue or Mattituck or any points there east to travel to Northport of what time in the morning they would have to leave even if bus service was available.

So I am very interested in this project, not only from a personal thing, but three years ago I had the honor to be a candidate for County Executive. And

in that race, although I was not successful, one of the things I advocated is that the County of Suffolk enter into an agreement with the VA Hospital at Northport to provide health services to veterans through the existing health clinics throughout the County, that the clinics would be •• work out some financial arrangement with the VA to provide additional services. And I think that is one thing that unfortunately hasn't come to fruition. And if I could provide any encouragement it would be for this administration to reopen those talks.

As far as the proposal the County providing space for the veterans, I am very interested. The only problem is they can't provide space for themselves. The Riverhead Clinic is overcrowded and understaffed currently. There is no clinic for the entire North Fork, although years ago we used to have a clinic in Greenport. And I question, you know, the County's commitment. And I saw Mr. Mystal ask those questions and I'm sure he's asking those questions because he's thinking we can't even provide for our own clinics, how are we going to do it for the disabled veteran or the veteran?

Nevertheless, I certainly would like to work with you and Legislator Stern on this committee. My Aide, Bill Faulk is here. Bill? If you would speak with him after the meeting, I'd be happy to meet with you, and I'd be happy to meet with the VA Hospital Director to see if there's some way, and I'm talking financially, that the VA and the County can cooperate to provide that services because geography should not determine health care. And I've seen that not only with our County health clinic, but I've been hearing this from east end veterans as well, that there •• where they live determines the quality of their care, and that is an extremely upsetting thing to think that just because you choose to live on the eastern end of this County, you are denied the ability or the access to services.

So I am very sympathetic, not only because I represent that area, but

because I have a personal experience. My father doesn't live exactly on the east end, he lives in Center Moriches, which is right on the peripheral of service and he does get service. But let me tell you, it's harrowing, and a lot of times I'll take off from work to drive him there because I'll say don't take the bus, I'll drive you, I'll get you there in comfort. The bus does a great job, but it has to leave at one o'clock. So if he doesn't get his treatments done or if he has to wait for treatments, he can't get them because he has to leave at one o'clock. So I'm very familiar with this issue. Thank you.

MR. KRULDER:

If I may just •• unfortunately, as I mentioned, all my drivers are volunteers, and, you know, they get up at five o'clock in the morning. They go to various points. I have vans that are parked out in different areas where they go, and like I said, they get up at five o'clock in the morning. They go with the services door to door. I pick them up at their house and I drop them off at their house. So, you know, I'm well aware of your Dad's position.

I live in Yaphank, so, right off of William Floyd, and, you know, I travel in to the VA Medical Center five days a week, you know, and unfortunately we, you know, it's volunteers and we're trying to get drivers to •• that will, you know, work later hours so that we can provide later transportation, but, again, like a say, it's a volunteer organization and, you know, they kind of like pick and choose the times that they want to come to work.

I mean, me personally, I would rather get up eight o'clock, nine o'clock, than get up at five o'clock in the morning, but most of my drivers at this present time are in their 70's and their 80's. If you come out to the hospital and see the vans being loaded, you'll be wondering if the drivers are not the patients.

So it's a catch•22, but I believe that if I'm able to get a clinic in Riverhead or somewhere out there, I can provide better service to those that live out on the east end by sending my vans east rather than have the patients come into Riverhead. We estimated if •• we did it one day. We drove out to Montauk, did a fake run of picking up 15 patients and then driving into the VA Medical Center, waiting until the patients were released and then driving back out doing a fake, you know, door to door, and it was estimated at 15 hours.

LEG. ROMAINE:

Fifteen hours from Montauk. And I'm sure part of those 15 hours were spent on County Road 39 in bumper to bumper traffic.

MR. KRULDER:

I can't deny that.

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Thank you very much.

MR. KRULDER:

Yes, sir.

LEG. KENNEDY:

Thank you for coming out to speak with us.

MR. KRULDER:

It's my pleasure.

LEG. KENNEDY:

You know, the things that you bring forward I think are, you know, very important and very poignant, and I don't want to echo what my colleagues have already stated. I guess my question to you is, so that I understand, I'm very familiar with the County Center having been there for nine years along with Legislator Romaine. I know right now the County is undergoing finalization, if it is not already finalized, renovation plans associated with that Riverhead County Center. So your request, I think, is very timely at this point to try to identify space for access.

But it seems to me that I guess you're talking about two parts or maybe I've got it confused. You need an east end assemblage point and you'd also like an area where some services can be delivered as well? Or are the two tied or could one exist without the other? In other words, if we had an area out there in the Riverhead County Center dedicated exclusively to veterans patients, your drivers, an area where they could assemble safely and then

maybe be transported for those who needed the service in Northport for the specialized areas, burn care, audiology, or any of the other things, would that fit the bill to get started?

MR. KRULDER:

Yes. What I'm proposing is that we would have a full service clinic in Riverhead. So if you needed to go to a nutritionist •• I mean, if you live out in Cutchogue ••

LEG. KENNEDY:

Greenport.

MR. KRULDER:

And you have to come all the way into Northport to have somebody tell you your diet, the estimated cost round trip would be \$200 if you took a taxi or buses or train or whatever.

LEG. KENNEDY:

The Northport could put a nutritionist on site in Riverhead one day a week.

MR. KRULDER:

Yes.

LEG. KENNEDY:

And have somebody from Greenport get there, have their one on one, the intake ••

MR. KRULDER:

And what I could do then is, instead of my drivers coming from Riverhead into Northport, they would be able to go east and bring the patient from Cutchogue, Greenport, wherever, into that facility.

LEG. KENNEDY:

I guess what I'm asking you is, is if right out of the shoot we couldn't necessarily find 4,000 square feet, but let's say reasonably over the next, you know, 90 days, and Legislator Romaine knows this very well, if we could through the Space Committee identify let's say 1,500 square feet that could be exclusively dedicated, would meet some of your needs as far as handicapped accessibility, access to the outside, proximity for parking, ability to be open around early hours and things like that, would that start to meet some of what you need going forward?

MR. KRULDER:

It would be more than acceptable to me. I don't know how the VA would feel about it, but it would be great ••

LEG. ROMAINE:

We have space that is not surplus.

LEG. KENNEDY:

Absolutely.

LEG. ROMAINE:

That's being used by private vendors.

LEG. KENNEDY:

We know very well some of the areas that are associated in there.

MR. KRULDER:

See, and that's what I'm really targeting, is people who don't need to come all the way into Northport for say surgery or, you know, anything like that, but they need to maybe come in for a stress test and we could do that out there. Or they need to come in and just have an internist give them a physical. But to travel all the way into Northport is, you know, it's hard on them.

LEG. KENNEDY:

You also mentioned the PTSD stuff and I know the Patchogue clinic very well.

Is there a commitment on the part of the VA to go ahead and have the social workers or psychiatrist be able to come east as well?

MR. KRULDER:

We will have all staff that is needed at that facility will be there. We're going to provide the staff, we're going to provide the equipment, we're going to provide whatever transportation we can to get them into the facility.

LEG. KENNEDY:

You just need a location.

MR. KRULDER:

All we need is a place to bring them.

LEG. KENNEDY:

Okay. Thank you.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

Just a quick rejoin. And first of all, thank you again, Mr. Chairman. What I'll do is I'll meet with you and your organization and other veterans organizations and try to draft something and then circulate it amongst my colleagues to seek cosponsors and I'm sure that you'll rally the veterans community, if this can be worked, to encourage support of any measure that might be introduced.

MR. KRULDER:

Thank you very much.

LEG. ROMAINE:

Thank you.

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

I want to thank you for coming down and bringing this to our attention, and it's something that some of us were aware of for quite a while. And it's kind of a little bit of a sad commentary on a couple of issues. Number one, the federal government •• the only thing I can think of, and you mentioned it and I think you hit it on the head, what George Washington said about his troops and the perception of how they were treated in the past. That's going to really reflect on who's going to step up to the plate and serve now.

The United States has a huge history of people answering the call, but the United States government screwing the people that answered the call. As a matter of fact, I'm thinking back, and I think it was Pershing, General Pershing, was put in the unique position of having to fire on his own soldiers. Guys who went over and risked their lives in Europe came back here and asked for the benefits that they were promised and then he was told by the Federal government to go and fire on them because they had the audacity to come to Washington to collect their due.

MR. KRULDER:

Their bonus.

LEG. ROMAINE:

MacArthur.

LEG. ALDEN:

It was MacArthur?

MR. KRULDER:

It was MacArthur who ordered them to fire on them.

LEG. ROMAINE:

1932, July.

LEG. ALDEN:

This is sad stuff. You look at generation after generation. My Dad went and served in the Pacific for five years, got shot down a couple times, came back home to nothing but broken promises. The guys from Korea, same thing, broken promises. Vietnam Veterans, Desert Storm, Desert Shield. Even today they're coming back and it is nothing but broken promises.

At the same time, Congress improved the amount of money that they paid themselves, they improved their retirement system, and they made sure that them and their whole families for the rest of their lives are taken care of medically. Anywhere •• the gold plated, not the Cadillac, but the Rolls Royce. That's what they made sure for themselves, and the guys and women that serve this country are treated like dogs.

So I'm glad to step up to the plate as a Suffolk County Legislator and work with the rest of the Legislature to try to find the solution here, but we really need to put them on the dime. The Federal government has to be put on the dime. And it's real nice of them to offer to staff the clinic. They should have built a clinic out there.

Like you pointed out, Suffolk County number one in the nation as far as men and women that stepped up and served. So the veterans out here, the veteran population •• and that's not that they moved here from other parts

of the country after they served. They left from here and they came back to Suffolk County. Some of them came back, some of them didn't come back. We owe a great debt to them.

I would be more than willing to work with you, but I am going to point out, and Elie Mystal knows this more than •• well, very well. We have a clinic in Bay Shore that has been closed, this is the sixth year. We can't get that reopened. And that served roughly a population of about 14,000 people out of which 8,000 or close to 9,000 never showed up at another clinic. So it was servicing about 14, 15,000 and eight or 9,000 of those are going without service right now.

So we need to fix what's broken in Suffolk County and that's our health delivery system. But I'd be more than happy to work with the rest of the committee and Elie's committee on finding a solution and some kind of compromise where we can provide services to the veterans on the east end.

MR. KRULDER:

If I just may say something. I'm a Vietnam Veteran, a combat veteran, and I do remember being spit on in LAX as I returned home to where I grew up. And as I said, I grew up on Long Island. I graduated from Wantagh High School in 1965. I moved to Suffolk County and I lived in Lindenhurst for 25 years. I raised my children there. My children live in Suffolk County. They're complaining to me now that I live too far away from them. They live in Lindenhurst and I live in Yaphank and they say it's too far. I live out there where, you know, where the Indians are still fighting.

LEG. ROMAINE:

Further east.

MR. KRULDER:

If I just may say, this Presiding Officer Lindsay and I can't remember the other gentleman's name, but he's no longer on the Suffolk County Legislature, he ran for a State Senate job a couple of years ago and lost ••

LEG. ALDEN:

We can say his name. Mike Caracciolo?

MR. KRULDER:

Right, that's him. They had originally •• no, I couldn't remember it.

LEG. ALDEN:

I'm only kidding. That's him.

LEG. ROMAINE:

I'm his replacement.

MR. KRULDER:

They had originally came out to Suffolk •• you know, out to Northport and they were the original ones that we spoke to about this clinic in Riverhead. We actually had at that time •• space was identified, but what happened was unfortunately at the time Congressman Grucci was not able to get the funding that we needed for the equipment and for the staff. So it kind of like fell by the wayside.

Then with the •• you know, the election of Steve Levy and, you know, I reopened my, you know, theory that I needed this clinic out in Riverhead and Legislator Stern came out to the VA facility a couple of weeks ago and we gave him I guess a nickel tour because he had to run, but, you know, we showed him what we're looking for and we explained to him, you know, what we needed and why we needed it. And I do believe that there's a large population, and as I said before, you know, for •• when I first came home from Vietnam, I folded up my uniform, I put it away and I didn't ask the government for anything until 1996.

CHAIRMAN STERN:

Legislator Mystal.

LEG. MYSTAL:

Just a word for Legislator Romaine and working with •• and Legislator Stern. We're going to have to figure out a way if we're going to do this, if we are able to do this, we're going to have to figure out a way how does the local County government work with the Federal government, because that's going to be the issue.

I remember what you're talking about in terms of Congressman Grucci could not find the money. It wasn't a question that he couldn't find the money, they could not, the Department of Defense could not funnel the money in the way we were talking about. There was a serious problem in terms of having the Federal government staff and equipment and personnel in dealing with something with the County. And I remember, you know, when we talked about it before, the problem was how do you connect those two entities, which •• and the problem wasn't from us, it was mostly from the Department of Defense and the Federal government. So in working with this thing again, is to make sure that somehow we have that in place.

LEG. ROMAINE:

Just off the top of my head, one possible solution, through the Chair, if I may, is maybe it isn't in Riverhead. Maybe it's in Westhampton at Gabreski Airport. Maybe we take one of the vacant buildings there and renovate it and lease it to the VA for one dollar a year. And then it's a lease situation for a dollar a year. I mean, there's a lot of different ways to look at this and to get this done. I certainly would like to work with Legislator Stern and the rest of the committee to see if we can accomplish this.

LEG. MYSTAL:

I don't have any problem with that. I just want to remind you what happened the other day when we were trying to transfer a piece of land, you know, from •• see, remember, you're talking about the Federal government. See, they have a different set of rules and that's what I'm talking about in term of, you know, because we had that problem before. We did identify space and we just couldn't make it work.

MR. KRULDER:

But •• if I just may ••

CHAIRMAN STERN:

Hold on. I'm going to move on to Legislator Eddington because we are late on our time. The next committee is coming in right behind us, so. Legislator Eddington.

LEG. EDDINGTON:

Just quickly, Dennis, thank you for coming.

MR. KRULDER:

My pleasure.

LEG. EDDINGTON:

And I'm a Vietnam Veteran. Actually, I was injured and had a screw put in my shoulder and they talked me out of signing because you'll never be able to get a job, and oh, if it is not that bad. So I know we need assistance. What I'm seeing in the last eight months on the Legislature is that the Suffolk County Legislature is willing to step up and try to fill the gap that the Federal government hasn't been doing and it's appalling that they've left us out there.

And the good part that I guess I want to end with is that like you, I used to take my uniform off as soon as I got home because people would spit at you and say things. Thank God we're here to make sure that that doesn't happen today. So we're going to do everything we can and I'm sure you'll have no problem getting the support here. So thank you.

MR. KRULDER:

I appreciate that.

CHAIRMAN STERN:

Yes, I'm looking forward to working with all of my colleagues on this very critical issue.

MR. KRULDER:

I'm looking forward to working with everyone.

CHAIRMAN STERN:

Thank you so much for being here today.

MR. KRULDER:

Thank you very much for inviting me. I appreciate it.

CHAIRMAN STERN:

Sure. Gene, we have just a couple of minutes, but maybe you can introduce yourself. I asked Gene, Gene Pritz, to come speak to us today and give us a very, very brief update on the •• on what's going on with the White House Conference on Aging.

MR. PRITZ:

I'll try to be as brief as possible. In March I made a presentation to this committee regarding the White House Conference and when I got through the committee asked me to come back and update you on what's happening.

Just to recap, there were over 2,500 delegates appointed by Congress, the Senators and the Governors, to attend this conference. It was the fifth such conference at which the President calls, and just as an aside, the first time in the history of this conference that the President did not attend. I was appointed by Congressman Bishop as an alternate delegate, but I was also appointed by the White House to be a •• attend as an observer and to report back to local committees.

The committee met in Washington December 11th through the 14th, and the advisory committee of the conference presented some 73 resolutions to the delegates. The delegates went up in arms. They said they were supposed to come up with the resolutions and several of the delegates decided to leave. The committee urged them to stay. They did stay, but they issued statements. New York was one of the delegates that decided to leave, but, again, they did stay.

The point I'm making is the delegates did not have the opportunity to present resolutions. They had to vote on the resolutions that the committee and the White House had decided upon which, of course, did not go well. At any rate, they decided on 50 resolutions. I'm not going to bore you with them, but I have them all here. And at the end of the conference it was decided to present these 50 to the committee, and the committee was then to come up with ten resolutions to be presented to Congress and for Congress to vote on.

And if I may, let me just read you the statement issued by the conference on the last day. "The White House Conference on Aging officially closed today." That was December the 14th. "Delegates sharing recommendations to be sent to the President and Congress on the pressing issues of today and the future. Delegates in attendance selected the top 50 resolutions to present and participated in working groups. The top ten resolutions that voted by the delegates are" and again, I will not read them to you, you're welcome to them. But the last thing that I'm very disturbed about is they said the committee, by statute, the final report from the conference will be presented to the President and Congress by June, 2006.

I have been in touch with Congress, with the committee, with the Public Relations Department of the conference, and have not been able to get an answer as to when this will be presented to Congress. So by their own statute they have not lived up to their word. As I said, I have been in touch, I've contacted many newspapers, and for some reason the only newspapers that have reported on this conference was the Washington Post and Saul Friedman in Newsday. Their only report on the conference was not about the fact that the resolutions were not adopted, but the fact that the President did not attend.

I'm here only, I would hope that some of you could give me some advice how I can get this thing going and at least get an answer from Congress and the conference at what is happening to these resolutions. Thank you.

CHAIRMAN STERN:

Thank you, Gene. Thanks so much for being with us today. Okay. Questions? We do have a resolution on our agenda that is ***IR 1889 (Amending the 2006 Capital Budget and Program and appropriating funds in connection with the purchase and replacement of nutrition vehicles for the Office of the Aging (CP 1749).***

LEG. MYSTAL:

Motion to approve.

CHAIRMAN STERN:

Motion to approve by Legislator Mystal, second by Legislator Eddington. All in favor? All opposed? Any abstentions? Approved. **(Vote: 5•0•0•0).** Anything else?

LEG. MYSTAL:

Jack is here.

MS. ORTIZ:

Count him?

LEG. MYSTAL:

He's here. He's here.

LEG. ALDEN:

Everyone's here. They are just ••

LEG. MYSTAL:

He's here. He just stepped out to the men's room.

MS. ORTIZ:

Okay.

CHAIRMAN STERN:

Very good. Motion to adjourn?

LEG. EDDINGTON:

Motion to adjourn.

CHAIRMAN STERN:

Second. We are adjourned. Thank you.

(The meeting was adjourned at 10:32 AM).

{ } Indicates Spelled Phonetically